

EXEMPTION FROM MOSQUITO CONTROL ADULTICIDING

FRANKLIN COUNTY BOARD OF HEALTH

Mosquito Control Program

The Franklin County Board of Health maintains a "do not spray" registry of residents who request a limited shut off of mosquito adulticiding with cause. FCBH will make a good faith effort to shut off truck-mounted aerosol equipment within 150 feet of a registered property. This registry will be rendered inactive if the Health Commissioner declares a public health emergency where treatment is indicated. In the event of a public health emergency or aerial application, FCBH will attempt to telephone members of the registry prior to treatment of their property.

Please check one of the following options on this form to indicate your request; fill in the blank spaces and return the completed form to the Franklin County Board of Health at the address at the top of this form. Your name, a signature, and all required information must be provided. The request will take effect within 10 business days of our receipt of this information.

| | |
|--------------------------|--|
| Reason for DNS request: | |
| <input type="checkbox"/> | Organic Agriculture (provide certification number and ODA licensed certifying agent) |
| <input type="checkbox"/> | Apiary (include apiary location and ODA registration number) |
| <input type="checkbox"/> | Medical |
| <input type="checkbox"/> | Other: _____ |
| Details: | |
| | |
| <input type="checkbox"/> | Remove previously requested restrictions and resume normal operations. |

| | | |
|----------------------|-------|-----|
| Name | | |
| Address | | |
| City | State | Zip |
| Daytime Phone Number | | |

This request is considered public information and FCBH may notify neighbors as to why part of their neighborhood is not being treated. As part of its public notification process, a list of "no-spray" locations may be posted on the FCBH website or made available by other means, and "no-spray" locations may be indicated on published and internet treatment maps. This form is valid for the 2006 calendar year only.

Signature: _____ Date: _____

Return the completed form to: Franklin County Board of Health – Mosquito Control
280 East Broad Street, 2nd floor
Columbus, Ohio 43215